

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL DEP.	17	←	←	←		
TOTAL CLASGS	19	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL IND.		↓	↓	↓		
TOTAL DEP.		←	←	←		
TOTAL DEP.		←	←	←		
TOTAL CLASGS		████████	████████	████████	████████	████████